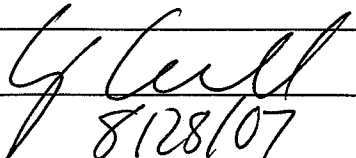


(Revised 04/2005) CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Application Number		09/846,424	
		Filing Date		05/01/2001	
		First Named Inventor		Shriver	
		Art Unit		3629	
		Confirmation No.		4590	
		Examiner Name		Fisher	
		Attorney Docket Number		038190/233578	
Please change the Corresponding Address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number 000067141 OR					
<input type="checkbox"/> Firm or Individual Name					
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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: <input type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. <input checked="" type="checkbox"/> Attorney or agent of record. Registration No. 34,610 <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number					
Typed or Printed Name		Guy R. Gosnell			
Signature					
Date		8/28/07 Telephone (704) 444-1000			